

Exhibit S
Walker Baptist Medical Center Records dated 7/25/03

52



WALKER
BAPTIST MEDICAL CENTER

EMERGENCY PHYSICIAN RECORD
Psych Disorder, Suicide Attempt, Overdose (5)

TIME SEEN: _____ ROOM: _____ EMS Arrival

HISTORIAN: _____ patient _____ spouse _____ paramedics _____

AGE _____ M / F _____

_____ HX / _____ EXAM LIMITED BY: _____

HPI chief complaint(s):

Suicidal Thoughts Depression Suicide Attempt
Agitated Hallucinating Self-Injury
Intentional Drug Overdose
Accidental Drug Ingestion

Onset- 1 yr ago

Worsened since- not from date

severity-
mild moderate severe

When? _____

context:

_____ situational problems

related to: spouse / parent / son / daughter / significant other
work / lost job / school / legal problems

no job or home to live in.
State has been living in woods
+ doesn't have a place to stay.

current/associated complaints: Drinking alcohol
depressed / angry / frustrated / agitated / hostile / paranoid

Confused / hallucinating

suicidal thoughts / specific plan / gesture or attempt

ingestion (see list below)

suicide attempt wanted to "escape" accidental will not answer

incised / abraded wrist (R / L)

timing

LIST OF SUBSTANCES INGESTED (if applicable)

name	strength	# taken	when taken
acetaminophen	Y / N		
aspirin	Y / N		
ethanol	Y / N		

BARRON

SOUTHERN MEDICAL GRO

MR: 0246796 M W 046

PT: 9607510-6 ALK

TOMMY

07/25/03

ED 09 L

"RESCUE FACTOR" (if suicide attempt)-

How did ingestion/other acts come to attention?

Arrived by: private car ambulance (who called?)
police patient spouse

Recently seen/treated by doctor

ROS

PULMONARY & CVS

cough
trouble breathing
chest pain

nothing all over

NEURO & EYES

headache
visual disturbance

GI & GU

+ abdominal pain
nausea
vomiting
diarrhea
problems urinating

SKIN & LYMPH & MS

skin rash / swelling
joint pain

☒ All systems neg. except as marked

PAST HISTORY

negative

prior suicide attempt

psychiatric problems

depression bipolar disorder
schizophrenia other

cardiac disease

hypertension

diabetes insulin / oral / diet

lung disease

+ HIV / AIDS

other problems

GERD

Surgeries:

R forearm surgery
tonsillectomy appendectomy
cholecystectomy hysterectomy

Back surgery (lumbar)

Medications none see nurses note

Allergies NKDA
see nurses note

SOCIAL HX

recent alcohol use / binge drinking / alcoholism

marital status: single married children:

☐ Nursing Assessment Reviewed. ☒ BP, HR, RR, Temp reviewed.

PHYSICAL EXAM Alert Lethargic Obtunded

Distress NAD mild moderate severe

uncooperative for exam

HEENT

nm1 ENT inspection

pharynx nm1

if obtunded:

nm1 gag reflex

EYES

pupils equal, round
& reactive to light

EOM's intact

NEURO/PSYCH

mental status

mood/affect nm1

depressed / absent gag reflex

abnormal TM (R/L)

dry mucosa

gag reflexed diminished / absent

nystagmus

disconjugate gaze

mydriasis / meiosis / anisocoria

R Pupil mm L Pupil mm

slow / no response to commands

withdraws to pain no response to pain

depressed affect

tearful / hostile / non-communicative

suicidal ideation

For suicide attempt: On direct query, patient ADMITS / DENIES
continued consideration of suicide as an option.

If denies, why?

orientation

normal x3

uncooperative / cannot determine
disoriented

to: day-of-week day-of-month
month year place person

cranial nerves

sensory, motor

✓ CN's intact as tested

nm1 motor response

nm1 sensory response

nm1 reflexes

nm1 gait

facial droop / CN abnormality

motor/sensory deficit

abnormal gait

NECK/BACK

normal inspection

neck supple

RESPIRATORY

no resp. distress

breath sounds nm1

cerv. lymphadenopathy (R/L)

thyromegaly / meningismus

wheezing

rales / rhonchi

CVS

regular rate, rhythm

heart sounds normal

irregularly irregular rhythm

extrasystoles (occasional / frequent)

tachycardia / bradycardia

JVD

ABDOMEN

non-tender

nm1 bowel sounds

no organomegaly

SKIN

color nm1, no rash

warm, dry

EXTREMITIES

non-tender

normal ROM

no signs of injury

no pedal edema

guarding

hepatomegaly / splenomegaly

cyanosis / diaphoresis / pallor

skin rash

laceration

pedal edema

PROCEDURES:

☐ Restraints

☐ Intubated by ED physician nasal/oral # ET tube

breath sounds equal tube position confirmed w CXR

☐ Gastric Lavage pill fragments recovered

☐ Charcoal gm given Sorbitol oz given

LABS, XRAYs, and PROGRESS

EKG MONITOR STRIP NSR Rate

(EKG) NML ☒ Interp. by me. ☐ Reviewed by me Rate 88

NSR nm1 intervals nm1 axis nm1 QRS nm1 ST

not / changed from:

CXR ☒ Interp. by me ☐ Reviewed by me ☐ Discd w/radiologist

nm1/VAD no infiltrates nm1 heart size nm1 mediastinum

not / changed from:

CBC

normal except

WBC

Hgb

Hct

Platelets

segs

bands

lymphs

monos

Pulse Ox

% on RA / L / % at (time)

Time unchanged improved re-examined

Chemistries

normal except

Na

K

Cl

CO2

BUN

Creat

Gluc

Anion Gap

% on RA /

L /

% at (time)

ABG's

time:

pH

pCO2

pO2

RA

O2

L

% at (time)

Toxicology

normal except

acetamin

aspirin

ETOH

Triage urine

drug screen-

Rx given

INTERVIEW WITH OTHER RESPONSIBLE ADULT:

Name: Relationship:

Considers ongoing suicide risk: high low uncertain

Capable / comfortable with observing patient at home? Yes No N/A

MEDICAL CLEARANCE FOR PSYCHIATRIC REFERRAL (if needed)

Back-slash to indicate that diagnosis is unlikely based on H&P and, when needed, lab testing.

• Toxic (PCP, Amphetamines, Hallucinogens, Acetaminophen, ASA, ETOH, Other)

• Infectious (Meningitis, Encephalitis, Sepsis)

• Metabolic (Thyroid, Hypoglycemia, Drug Withdrawal, Hypoxemia, Electrolytes)

• CNS Vascular and Other (CVA, TIA, Seizure, Trauma)

• Other Unstable Comorbidities ☐ cleared medically for psych referral

Discussed with Dr.

will see patient in: office / ED / hospital

Counseled patient / family regarding:

lab results diagnosis need for follow-up

Admit orders written

CRIT CARE- 30-74 min

75-104 min min

Prior records ordered

Additional history from:

family caretaker paramedics

CLINICAL IMPRESSION:

Ethanol Intoxication

Depression

major manic

Psychosis Schizophrenia- acute exc.

Drug Overdose (intentional/ accidental)

Suicide Attempt / ideation

chest pain myalgia

Discharge Instructions

DISPOSITION-

☒ home ☐ admitted ☐ transfer

CONDITION- ☐ unchanged ☐ improved ☐ stable

NR / PA

MD / DO

I have personally performed and participated in all the above services (including HPI and PE) and procedures. I have reviewed with the PA/NP the history and have confirmed the findings with the patient.

☒ Template complete

☐ Progress Notes

EMERGENCY DEPARTMENT RECORD

PATIENT NO. 9607510-6		DATE 07/25/03	TIME 01:52	CLINIC 1 ERRM	VERIFIED BY	ROOM NO. ED 09	TYPE E	F/C L	SPECIALTY	CLERK ALK
AGE 046	BIRTH-DATE	SEX M	RACE W	MS S	MOTHER'S MAIDEN NAME HAGOOD	SOC. SEC. NO.	PHONE	COUNTY WALKER	MED. REC. NO. 0246796	
PATIENT NAME & ADDRESS BARRON TOMMY						LAST VISIT DATE & TYPE 05/23/03 ERRM0		ACCIDENT DATE/CAUSE 07/24/03 ONSET OF SY		
GUARANTOR NAME & ADDRESS BARRON TOMMY						SOC. SEC. NO.		W/C CONTACT		
						PHONE		AUTH. NO.		
								ARRIVED VIA AMBULANCE-OT		
								RECEIPT NO. & AMT.		
EMPLOYMENT INFORMATION - ONE		REL	SOCIAL SECURITY #		EMPLOYMENT INFORMATION - TWO		REL 02SPOUSE	SOCIAL SECURITY #		
PHONE			STAT		PHONE		3	STAT		
IN CASE OF EMERGENCY CONTACT (NAME & ADDRESS) DIANE MCCULLEN JAN EDWARDS				RELATIONSHIP	PHYSICIANS' NUMBERS AND NAMES 1 999995 SOUTHERN MEDICAL GRO 2 NO FAMILY PHYSICIAN 3 000000 PCP PHYSICIAN					
				PHONE	GROUP NO.					
1. INSURANCE CODE & NAME 1M60MEDICARE OUTPT				POLICY NO.	SUBSCRIBER NAME & BIRTHDATE BARRON, TOMMY					
PRECERTIFICATION NO.					GROUP NO.					
2. INSURANCE CODE & NAME 2K28MEDICAID-2NDA				POLICY NO.	SUBSCRIBER NAME & BIRTHDATE BARRON, TO					
PRECERTIFICATION NO.					GROUP NO.					
3. INSURANCE CODE & NAME				POLICY NO.	SUBSCRIBER NAME & BIRTHDATE					
PRECERTIFICATION NO.					GROUP NO.					
4. INSURANCE CODE & NAME				POLICY NO.	SUBSCRIBER NAME & BIRTHDATE					
PRECERTIFICATION NO.					GROUP NO.					
CHIEF COMPLAINT CONSULT				CODES						
COMMENTS										
RESULTS Monitor		Time Examining MD Notified: _____ Time Patient Examined: _____								
		Condition on Arrival: <input type="checkbox"/> Satisf. <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Critical								
		Chief Complaint: _____								
EKG		HPI _____								
Radiology										
Laboratory										
Other										
Provisional Diagnosis:				Disposition Time: <input type="checkbox"/> Discharged <input type="checkbox"/> Admitted <input type="checkbox"/> Transferred <input type="checkbox"/> AMA						
				Condition On Discharge: <input type="checkbox"/> Satisf. <input type="checkbox"/> Fair <input type="checkbox"/> Improved <input type="checkbox"/> Poor <input type="checkbox"/> Critical						
				Certified Emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No						
CONSULT	TIME NOTIFIED	RESPONDED	ARRIVED							

Examining M.D. Signature _____

M.

DISCHARGE INSTRUCTIONS

NAME BARRON TOMMY

DATE 07/25/03

PT # 9607510-6

Discharge Instructions
Given to Patient

Fever ☐ Back Pain ☐
Head Injury ☐ Sprain/Strain ☐
Cast/Splint ☐ Vomiting/Diarrhea ☐
Wound Care ☐ UTI ☐
Crutch Training ☐ Food/Drug Interaction ☐
Other ☐

1. Return if worse.
2. Read instruction sheet.
3. Have prescription(s) filled as soon as possible.
4. Special instructions: _____
5. Medication received in ER may hinder your ability to operate any vehicle or other type of machinery.
6. You should see Dr. _____ in _____ days.
You should see Dr. _____ in _____ days.
Call for appointment, phone number _____

Examination and treatment you have received in the Emergency Department is given as emergency care only. It is not intended to be a substitute for complete medical care. X-ray impressions made in the Emergency Department are subject to review. If the review indicates additional information, you or your physician will be contacted.

I acknowledge that I have received and understand these instructions.

Patient Signature _____ Date _____ Time _____

Nurse Signature _____

SCHOOL / WORK EXCUSE

Date 07/25/03 Patient Name BARRON TOMMY

May Return to Work / School Date _____

Restrictions: ☐ None ☐ Other _____

MD Signature _____



Name BARRON TOMMY Date 07/25/03
2651 LEONARD CHAPEL ROAD

Address JASPER AL 35503



MEDICINE PRESCRIBED

MEDICINE	SIG	DISP	REFILL

Fill All Medicines Prescribed

DISPENSE AS WRITTEN _____ MD DEA NO. _____

PROD. SELECTION PERMITTED _____ MD LICENSE NO. _____

BARRON

TOMMY

SOUTHERN MEDICAL GRO

07/25/03

MR: 0245796 M W 048

PT: 9607510-5 ALK

ED 09 L

WALKER

PATIENT STATUS

A. PATIENT ADMITTED**DO NOT DISCHARGE**

1. DIED

2. LAMA (LEFT AGAINST MEDICAL ADVICE)

3. TRANSFERRED

4. DISCHARGED

5. LEFT BEFORE SEEN

6. BMC NOT INSURANCE PROVIDER

PHYSICIAN

DISCHARGE TIME

CERTIFIED EMERGENCY YES OR NO

(MEDICAL ONLY)

CO-PAY OR EMERGENCY DEPARTMENT FEE
DUE AT END OF VISIT

ID:

25-Jul-2003

Z:44:32

BARRON, TOMMY

46years
Male Caucasian

Room: ED 8

Vent. rate 88 bpm
PR interval 144 ms
QRS duration 92 ms
QT/QTc 364/440 ms
P-R-T axes 69 -9 62

Normal sinus rhythm
Normal ECG

Technician: SB

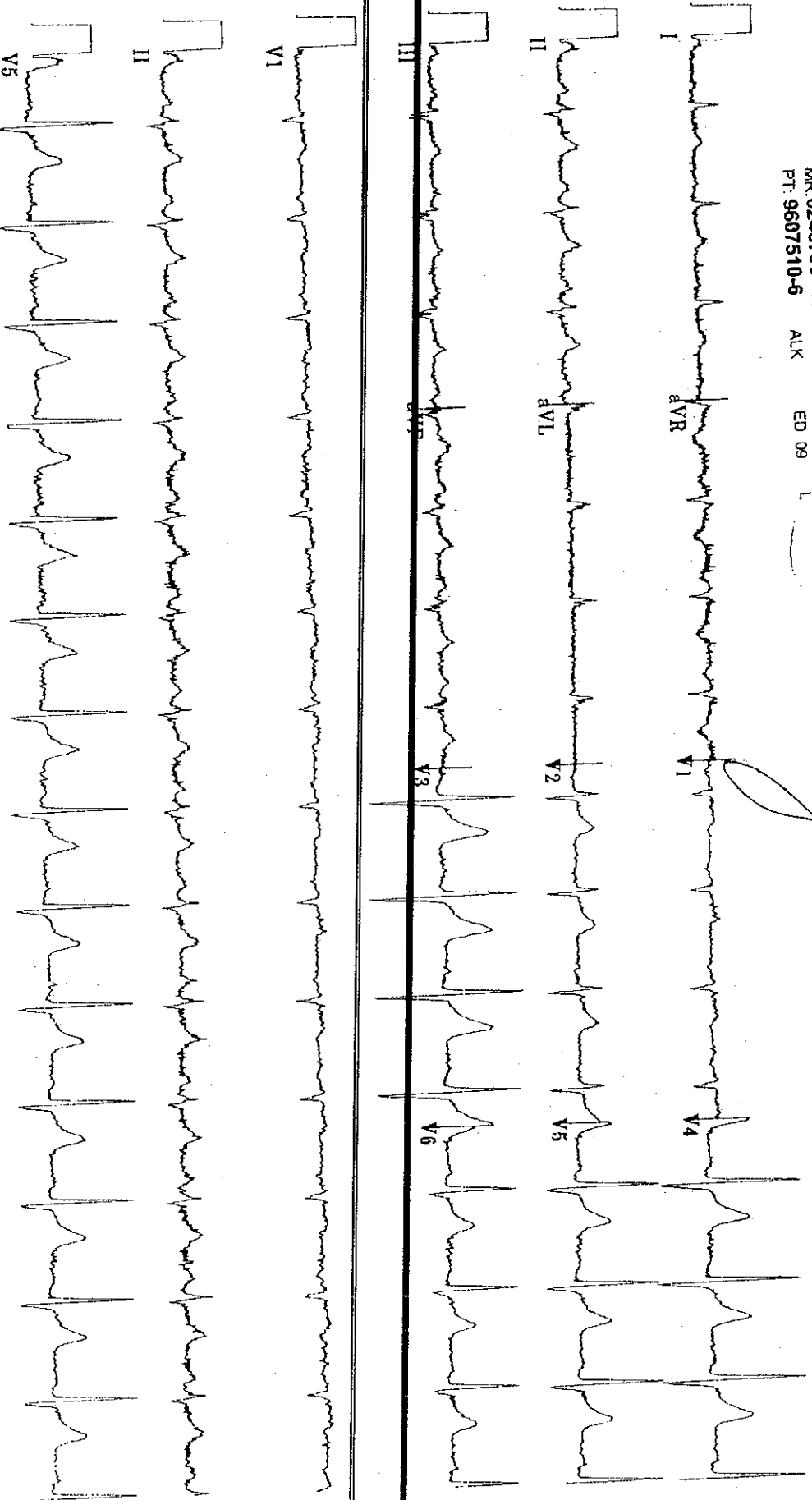
TOMMY

BARRON
SOUTHERN MEDICAL GRO
MR. 0246796 M W 046
PT. 9607510-6 ALK
DOB: 06/21/1957
ED 09 L

Referred by:

C. H. Ma

Unconfirmed



150 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.58 + 3 rhythm lds

MAC 8 001F

12SL tm v250



TOMMY
07/25/03
[REDACTED]
ED 09

[illegible][illegible]

TIME		MD ORDERS		INTERVENTIONS/ORDERS					
				EXPILOT No.		<input type="checkbox"/> BP Monitoring <input type="checkbox"/> IV <input type="checkbox"/> Step Lock			
				TO 0.5 MIN		<input type="checkbox"/> Oxygen <input type="checkbox"/> Pulse OX <input type="checkbox"/> Telemetry			

① AM Breakfast Tray
② notify social services
to see if they can
find a place for
pt to stay
06/26 11/10 December 2013 IM

LABORATORY TEST

☐ CBC WBC ☐ HGB ☐ PLT CT

☐ HCT ☐ SEG ☐ B

☐ Cardiac Enzymes: CK ☐ MB ☐ CKMB%

☐ Troponin ☐ CPK

☐ PT ☐ PTT ☐ INR

☐ BMP Na ☐ K ☐ Cl ☐ CO2 ☐ BUN

☐ Creat ☐ AG ☐ Glucose ☐ Ca ☐ Osmo

☐ CMP, BMP (Above) + Hepatic Function Panel (Below)

☐ Hepatic Function Panel Albumin ☐ Total Protein

☐ Bilirubin ☐ Bil Direct ☐ Alk Phos ☐ SGOT ☐ SGPT

☐ Amylase ☐ Lipase

☐ Theophylline ☐ Dilantin

☐ Digoxin ☐ Phenobarb

☐ UA SPGR ☐ WBC ☐ RBC ☐ Gluc ☐ Ket ☐ Bact ☐ Nitrate

☐ Urine Culture ☐ Cath ☐ CCU ☐ Urine Pregnancy

☐ Urine Drug Screen ☐ STC

☐ Serum Pregnancy ☐ Neg ☐ Pos ☐ Quant

☐ Rapid Strep ☐ Throat Culture ☐ Mono Spot

☐ Blood Culture x ☐

02/16 Bed to lot
04/12 pt moved to #20
04/15 pt representative states I can't get to Bm DHA
06/10 pt out in B.M. pt not in/used 60-004

Bc
JD/HB

VITAL SIGNS

TIME	TEMP	PULSE	RESP	B/P	PULSE OXIMETRY	NURSE SIGNATURE/TITLE	PHYSICIAN SIGNATURE/TITLE	DATE	TIME
0430		78	12	108/72		[Signature]			
0540		72	12	108/62		[Signature]			

See Vital Signs Flow Sheet										RESPIRATORY									
IV FLUIDS										NURSE DISCHARGE CHECKLIST:									
TIME	NO	TYPE	AMT	RATE	CATH	ROLLER	LOC	NO OF SICKS	NURSE UNIT	ABG	PH	PO2	POV	SAT	SpO2	SpO2	SpO2	SpO2	SpO2
										<input type="checkbox"/> Breathing Treatment	<input type="checkbox"/> Medication	<input type="checkbox"/> EKG	<input type="checkbox"/> NDR Rate	<input type="checkbox"/> ABML	<input type="checkbox"/> Tetanus Given	<input type="checkbox"/> IV Site Check	<input type="checkbox"/> Vitalities Check	<input type="checkbox"/> Antibiotic Given	

CERTIFIED EMERGENCY YES ☒ NO ☐
 DIAGNOSIS: SEE 1 - SHEET: OTHER: _____
 DISPOSITION: ☐ Discharged ☐ 23 Hr Obs. ☐ Admit to Rm/Unit: _____ ☐ Report to/Time: _____
☐ Transfer to Hosp/Fac. ☐ AMA ☐ Carried ☐ Wheelchair ☐ Amb./Helicopter ☐ Ambulatory ☐ Crutches
☐ OBSERVATION: @ Time: _____ ☐ Chest Pain Bed ☐ Stroke Bed ☐ Critical Care Bed ☐ ICU - Bed ☐ Other: _____
 DISCHARGE INSTRUCTIONS: *I will be unable to consider for BUN admission due to high alcohol level (this will take 2-3 weeks to clear)*
☐ Return to Emergency Department as Needed ☐ Head Injury Sheet ☐ Wound Sheet ☐ Fever Sheet ☐ GOOD ☐ POOR
 PATIENT D/C INSTRUCTIONS GIVEN: *Discharge home with no restrictions* ☐ Fat ☐ DECEASED
☐ Crutch Precautions ☐ Sprain/Bruise Sheet ☐ Eye Patch Sheet ☐ Clear Liquid Sheet ☐ TAB Sheet ☐ Physician's Signature: *[Signature]*
☐ Instructed Not to Drive Due to Sedation ☐ Instructed to Wait 15 Minutes After Injection: *PO MED* ☐ Discharge Nurse's Signature: *[Signature]*
☐ RX ☐ Written Patient Instructions ☒ See Nurse's Notes ☐ DISCHARGE TIME: *072*
 REV 4-01 W.B.M.C. 53 10-25-PGIC 12



EMERGENCY DEPARTMENT RECORD

PATIENT NO 9607510-6		DATE 07/25/03	TIME 01:52	CLINIC ERRM	VERIFIED BY	ROOM NO ED 09	E	TYPE L	FIC	SPECIALTY	CLERK ALK		
VITAL SIGNS				ORTHOSTATIC VITAL SIGNS				O2 SAT / FIO2					
TIME	T	P	R	BP	BP C	P	BP ♀	P					
MONITOR		TIME	NURSE'S NOTES				IV FLUIDS						
Cardiac	0645	In to talk to pt. re:				TIME	#	TYPE	AMT	RATE	CATH	SITE	INIT
Fast Patch		Aerial service consult											
Pacer Pads		and alcohol abuse.											
Pulse Ox		evaluation later today.											
NIBP		Dr. Shugart on bedside.				MD ORDERS							
TREATMENT:		H. refuses to go to				TIME ORDERED	TIME DONE/INIT						
O2 Device		BOM. States her been											
FIO2		there before and that											
ET Tube		he "wasn't crazy". States											
CO2 DET		he just wants pain											
Tube Tamer		meds in his back.											
Stylette		instructed consult give											
Suction		pain meds 2nd alcohol											
Yankauer		level. H. using abusive											
Control Tip		language toward me											
Oral Airway		a staff. Called police											
Nasal Airway		Sept. 1st of HMC - B2											
NG Tube		0705 SPD in apt - B2											
Lavacuator													
Foley													
OCL													
IN _____ FT _____													
Emesis Bag													
Sterile 4x4's													
Betadine Soak													
Pencil Cautery													
Other													
Eye Tray													
Irrigation Sol													
Morgan Lens													
Ear Tray													
Chest Tube Tray													
Chest Tube													
Blade													
Suture													
Xylocaine													
Thoraseal													
Trach Tray													
Trach Tube													
Vein Cutdown													
Triple Lumen													
Percut Introducer													
Open Chest													
Peritoneal Lavage													
Other													
ADVERSE REACTION TO MEDICATION <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Admitted <input type="checkbox"/> Discharged <input type="checkbox"/> Transferred		Patient Condition on Discharge <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Unchanged		RN Signature							
RX WITH WARNING GIVEN <input type="checkbox"/> Yes <input type="checkbox"/> No		Nurse Report Called To:		Time Discharged		1.							
						2.							

Patient Name: BARRON, TOMMY

Med.Rec.#: (8000)000246796

Location: EDW

Patient#: 96075106

Admission Date: 07/25/03

Age: 46 YRS Sex: MALE

Physician: EMER ROOM STAFF PHYSICIAN Date/Time: 07/25/03 0348
CHEST PAIN

Page: 1

CHEMISTRY-ENZYMES

COLLECT DATE: 07/25/03
COLLECT TIME: 0245

UNITS REFERENCE

--- CARDIAC PROFILE ---

ng/ml (.000-.099)

TROPONIN <0.010

TROPONIN (08/02/02 -- Current)

0.010 - 0.030 - Healthy Reference Population

0.060 - 0.099 - Borderline Range

Possible Minor Myocardial Damage (MMD).

>0.100 - Suggestive of Myocardial injury (ACS / AMI)

Note: Patients with CRF/ESRD may have serum levels >0.100
without evidence of ACS / AMI.

ng/ml (.0-5.0)

CPK MB <5

CPK MB (11/08/99 -- Current)

0 - 3.1 - HEALTHY REFERENCE POPULATION

3.4 - 4.99 - INTERMEDIATE (INDETERMINATE)

>5 - SUGGESTIVE OF MYOCARDIAL INJURY

CK-MB INDEX 0.0
CPK 164

U/L (24-204)

*** END OF REPORT ***

Patient Name: BARRON, TOMMY
Med.Rec.#: (8000)000246796

EXPEDITE REPORT

Patient Name: BARRON ,TOMMY

Med.Rec.#: (8000)000246796

Location: EDW

Patient#: 96075106

Admission Date: 07/25/03

Age: 46 YRS Sex: MALE

Physician: EMER ROOM STAFF PHYSICIAN Date/Time: 07/25/03 0347
CHEST PAIN

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THERAPEUTIC DRUG MONITORING & TOXICOLOGY

COLLECT DATE: 07/25/03
COLLECT TIME: 0245

UNITS REFERENCE

----- Volatiles -----

ALCOHOL 298

MG/DL

ALCOHOL (06/24/96 -- Current)

NORMAL-NEGATIVE. FATAL CONCENTRATION IS ABOVE 450 MG/DL.

COMATOSE LEVEL : 350-500 MG/DL.

INDIVIDUALS WITH CONCENTRATIONS GREATER THAN 80 MG/DL ARE CONSIDERED TO BE
UNDER THE INFLUENCE OF ALCOHOL.

*** END OF REPORT ***

Patient Name: BARRON ,TOMMY

Med.Rec.#: (8000)000246796

EXPEDITE REPORT

Patient Name: BARRON ,TOMMY

Med.Rec.#: 08000 000246796

Location: EDW

Patient#: 96075106

Admission Date: 07/25/03

Age: 46 YRS Sex: MALE

Physician: EMER ROOM STAFF PHYSICIAN Date/Time: 07/25/03 0328
CHEST PAIN

Page: 1

CHEMISTRY-SURVEYS & PANELS

COLLECT DATE: 07/25/03
COLLECT TIME: 0245

		UNITS	REFERENCE
SODIUM	142	mmol/L	(136-145)
POTASSIUM	4.3	mmol/L	(3.5-5.1)
CHLORIDE	105	mmol/L	(98-107)
CO2	24	mmol/L	(23-29)
BUN	7	mg/dl	(5-20)
CREATININE	1.0	mg/dl	(0.9-1.5)
ANION GAP	13		
GLUCOSE	88	MG/DL	(70-104)
CALCIUM	9.5	MG/DL	(8.8-10.2)
ALBUMIN	4.6	g/dl	(3.5-5.0)
TOTAL PROTEIN	8.3	g/dl	(6.3-8.3)
BILIRUBIN TOTAL	.6	mg/dl	(.2-1.0)
OSMO (CALCU)	281	MOS/KG	(253-306)
ALK PHOS	118	U/L	(45-122)
SGOT	31	U/L	(10-34)
SGPT	32	U/L	(10-44)

CHEMISTRY-ENZYMES

COLLECT DATE: 07/25/03
COLLECT TIME: 0245

		UNITS	REFERENCE
CPK	164	U/L	(24-204)

*** END OF REPORT ***

Patient Name: BARRON ,TOMMY
Med.Rec.#: (8000)000246796

EXPEDITE REPORT

WALKER BAPTIST MEDICAL CENTER**RADIOLOGY REPORT**

3400 HIGHWAY 78 EAST
JASPER, ALABAMA 35502

BARRON, TOMMY

BARRON, TOMMY, 46Y
RAD NO: 246796
ORDER DR: SHIPMAN, CHARLES
ORDER NO: 90013
ATT DR:
FAM DR: NO FAMILY PHYSI,
PRIORITY: STAT
HISTORY/REASON: PAIN
COMMENTS: EX8

ADM #:96075106 FINANCIAL CLASS:L
MED REC #: 246796
ORD FOR: 07/25/2003 02:17AM
CLINIC CODE: ERRM
DOB: XXXXXXXXXX
PATIENT CLASS: E
NS/ROOM #: ED 09
DISCH. DATE:

INTERPRETED BY: STEPHEN SANDERS, M.D.
ELECTRONICALLY SIGNED BY: -

DIAGNOSIS: CONSULT
EXAMINATION:07/25/2003 CHEST SINGLE VIEW PORT CPT CODE: 71010
PROCEDURE REASON: PAIN

FINDINGS:
AP ONE VIEW CHEST, 07/25/03:

HISTORY: Pain.

There are old healed rib fractures on the right. The heart, lungs, vascularity and bony thorax show no acute or active disease.

IMPRESSION:
1. Old, healed, right-sided rib fractures.
2. No acute disease.

SGS/drr J: 15017

Dictated: 07/25/2003 09:23AM

INTERPRETED BY: STEPHEN SANDERS, M.D.
TRANSCRIPTIONIST: DRR - 07/25/2003 10:14AM

PRELIMINARY
UNSIGNED TRANSCRIPTIONS ARE PRELIMINARY REPORTS
AND DO NOT REPRESENT MEDICAL OR LEGAL DOCUMENTS

, MD - SIGNED:

CONFIDENTIAL HEALTH INFORMATION MAY BE ENCLOSED

Health care information is personal and sensitive information related to a person's health care and is protected by federal and/or state privacy laws. Your unauthorized use or disclosure or failure to maintain the confidentiality of the attached information may subject you to criminal or civil penalties under applicable federal and/or state laws.

ED **BARRON, TOMMY**
RADIOLOGY REPORT

Page 1 of 1

Abstract

PSYCHOSOCIAL STATUS / EDUCATION

INTERVENTIONS

Are there any religious, traditional, ethical or cultural practices that need to be a part of your care?

☐ Yes ☒ No

Specify:

Are you being hit, hurt or frightened by anyone in your home life?

☐ Yes ☒ No

How do you learn best? ☒ Verbal ☒ Reading ☒ Demonstration

What interferes with your learning? ☐ Physical ☐ Age Related ☒ Communication ☐ Language

☐ Spiritual ☐ Cultural ☐ Hearing ☐ Visual ☐ None ☐ Religious

☐ Tylenol _____ mg. Time _____

☐ Ibuprofen _____ mg. Time _____

☐ Wound Cleansed _____

☐ NPO - Explained at Triage

☐ C-Collar

☐ Dressing _____

☐ Ice & Elevation

☐ Immobilization

☐ Isolation Mask

CONSENT AND AUTHORIZATION

I am presenting myself for diagnosis and treatment at the Walker Baptist Medical Center and I consent to the rendering of such care, including diagnostic procedures, surgical and medical equipment, and blood transfusions, by authorized members of the hospital medical staff or their designees, as may in their professional judgement be necessary. I acknowledge that no guarantees have been made to me as to the results of such examinations or treatment on my condition.

Undersigned hereby authorizes the Walker Baptist Medical Center and my Physician(s) to release to my insurers full information (including copies of records) relative to this hospitalization.

X

PATIENT/PARENT/RESPONSIBLE PARTY SIGNATURE

RELATIONSHIP TO PATIENT

Nexium 40mg qd

Lortab 10mg As Needed

Altece 2.5mg

BARRON

SOUTHERN MEDICAL GRO

MR: **0246796** M W 046

PT: **9607510-6**

TOMMY

07/25/03

FC: L ED 09

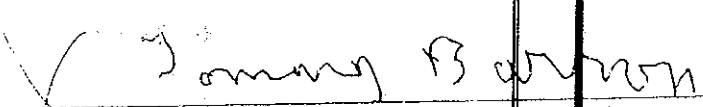


CONSENT FOR TREATMENT

(Addressograph)

CONSENT OF HOSPITAL SERVICES: Consent is given to Walker Baptist Medical Center, Radiology Associates of North Alabama, P.C., Southern Medical Group, Inc., Foothills Anesthesia P.C., and Baptist Health Clinics, its contractors and its employees to provide hospital services and administer physician orders. Certain procedures may require separate consents. Physicians are responsible for explaining medical or surgical procedures, and patients may be called following their procedure for quality and continuum of care. The undersigned authorizes observers to be present during treatment/surgery for purposes of medical training and education.

PHYSICIANS: Physicians including, without limitation, Southern Medical Group Inc., Radiology Associates of North Alabama, P.C., Foothills Anesthesia, P.C., and Baptist Health Clinics, and Inpatient Medical Services.


Consent for treatment (by patient or authorized representative)

Date

Witness

BARRON

SOUTHERN MEDICAL GRO

MR: 0246796 M W 046

PT: 9607510-6

TOMMY

07/25/03

FC: L ED 09



**CONDITIONS OF ADMISSION
PRIVACY NOTICE
AND FINANCIAL RESPONSIBILITY**

(Addressograph)

PERSONAL VALUABLES: The Walker Baptist Medical Center is not responsible for money, jewelry, dentures, hearing aids, eye glasses, watches, credit cards, and such other items which are not deposited in the Hospital safe.

AUTHORIZATION TO RELEASE INFORMATION: The undersigned authorizes the Walker Baptist Medical Center and any physician rendering service, for example, Radiology Associates of North Alabama, P.C., Southern Medical Group, Inc., Foothills Anesthesia, P.C., and Baptist Health Clinics, Inc., to release medical or other information about the patient which may be necessary for the completion of insurance claims, review of services, or receipt of benefits. Such information may include current medical records. The information may be released to third-party payors, including the third-party payor's agent and/or representative or anyone responsible for payment of hospital and/or physician charges.

ASSIGNMENT OF BENEFITS: The undersigned assigns to and authorizes direct payments of benefits (including insurance benefits, otherwise payable with respect to the patient) to the Walker Baptist Medical Center, Southern Medical Group, Inc., Radiology Associates of North Alabama, P.C., Foothills Anesthesia P.C. and Baptist Health Clinics, Inc. The undersigned agrees to assist in processing claims for benefits.

MEDICARE AUTHORIZATION: I certify the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request payment of the authorized benefits be made on my behalf to the Walker Baptist Medical Center, Southern Medical Group, Inc., Radiology Associates of North Alabama, P.C., Foothills Anesthesia P.C. and Baptist Health Clinics, Inc. or any physician rendering services during my treatment.

FINANCIAL RESPONSIBILITY: The undersigned agrees to pay for the hospital services, accommodations and physician services rendered to patient and is hereby obligated to pay the accounts of the hospital. It is understood that in the event of obstetrics care the undersigned is obligated to pay the hospital account for mother and infant(s). It is understood and agreed that Walker Baptist Medical Centers, charges not paid may be placed with any attorney or a collection agency. It is understood and agreed that reasonable cost of collection including attorney fees, collection agency fees, and/or open account interest charges assessed are payable by the undersigned. To the extent not expressly prohibited by applicable law, the undersigned agrees to pay all hospital charges not paid in full to the hospital by a third-party payor. The Walker Baptist Medical Center accepts cash, Mastercard, Visa, Discover Card.

The undersigned is aware that in some cases the patient's hospital bill may not be covered in full by the insurance company. The undersigned is aware of the fact the (patient/responsible party/guarantor) are responsible for any balance insurance does not pay. This balance due may include provisions set by your insurance company such as: co-payments, deductibles, and "usual and customary" allowances. Co-payments, and deductibles are due upon admission and must be paid prior to discharge.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM AND UNDERSTAND ITS PURPOSE AND CONTENT.

Guarantor (Agreement to Pay)

I have received the BHS privacy notice

Refused the privacy notice

Date

Witness

CONDITIONS OF ADMISSION AND PRIVACY ACKNOWLEDGMENT